

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY
TRANSCRIPT ORDER FORM			DUE DATE:
Please Read Instructions on Page 2.			
1. REQUESTOR'S INFORMATION:		NAME Robert Cahill (Counsel for Plaintiffs)	TELEPHONE NUMBER 703-456-8145
DATE OF REQUEST 12/17/2019		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) rcahill@cooley.com; ebolton@cooley.com	
MAILING ADDRESS Cooley LLP, 11951 Freedom Drive, 14 th Floor		CITY, STATE, ZIP CODE Reston, VA 20190	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Judy Webb OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR	
CASE NUMBER 3:17-cv-00072		CASE NAME Sines, et al. v. Kessler, et al.	JUDGE'S NAME Norman K. Moon
DATE(S) OF PROCEEDING(S) 12/16/2019		TYPE OF PROCEEDING(S) Second Supplemental Contempt Hearing	LOCATION OF PROCEEDING Charlottesville, VA
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)			
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):			
3. SERVICE TURNAROUND CATEGORY REQUESTED: <i>(See Page 2 for descriptions of each service turnaround category.)</i>			
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input checked="" type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime	
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 12/17/2019	SIGNATURE /s/ Robert T. Cahill		

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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